

Mental Health and Prison: Responding to Need

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Mental health needs among prisoners are at epidemic levels. The Prison Service states that up to 90 per cent of prisoners have a mental health problem or substance dependency. This equates to 63,834 people.¹ Forty per cent of male prisoners and 63 per cent of female prisoners had a neurotic disorder — more than three times the rate observed among the general population.² One in five female prisoners had spent time as an in-patient in a mental hospital or psychiatric ward.³ In addition, 95 per cent of young offenders showed evidence of a mental disorder with 80 per cent having multiple mental health problems.⁴ The statistics make for depressing reading.

In addition to their mental illness, prisoners have a range of additional needs. There are high rates of drug dependency with 32,000 prisoners completing a detoxification programme during 2001/2 — already exceeding the 2004 target of 27,000 programme places.⁵ One in five were self-harming and 13 per cent were considered a suicide risk. There are also high rates of homelessness — 49 per cent of prisoners with a mental health problem leave prison with nowhere to live.⁶

The Government has responded to these problems with the Prison Mental Health Policy, which is designed to improve the care that prisoners receive whilst on sentence. All prisoners with a severe and enduring mental health problem will be given a care co-ordinator and a care plan which clearly sets out the help and support that they will receive pre- and post-release. This aims to ensure that prisoners receive the same level of treatment in prison as they would in the community.

However, the partnership between the prison service and the NHS means that the 300 extra staff who are being hired to complete this task will provide

care for 5,000 prisoners at any one time. Whilst their services will be more comprehensive than those received by people treated on the wing, this leaves 58,834 prisoners at any one time who require mental health services but will not be given this improved help. This group of people who slip through the net of services — both within the prison and without — have mental health needs that are less severe, 'sub-clinical' illnesses. However, while their illness may be less severe, it is far more prevalent among the prison population and there is no policy being developed to help the people in this group.

This group persistently and consistently fall through the net of services. Research has shown that among prisoners with a mental health problem, 45 per cent have never had a mental health diagnosis and only 58 per cent had ever had any contact with community mental health services. Instead they self-medicate with drugs, take prescription drugs or receive no treatment at all.

The result is that this group fail to engage with services, lead chaotic lives, experience homelessness and damaging drug misuse, and are three times more likely to be arrested than to have an appointment with a social worker. Consequently, their lives become a cycle of offending, going to prison, being released and soon re-offending.

In response to these problems the Revolving Doors Agency has set up four experimental Link Worker schemes, based in police stations and prisons in four areas: Ealing (HMP Wormwood Scrubs), Islington and Tower Hamlets (HMP Pentonville and HMP Holloway) and southern Buckinghamshire (HMP Woodhill). The majority of referrals come from prison. Within prison, referrals are made by Healthcare, officers, bail information/probation, the Arrest Referral Team and a sizeable proportion by

1. 63,834 people is 90 per cent of the prison population in the UK on 12 June 2002.

2. N. Singleton et al. *Psychiatric Morbidity among Prisoners* ONS, 1998.

3. A. Maden, M. Swinton and J. Gunn, 'A Criminological and Psychiatric Survey of Women Serving a Prison Sentence' 1994.

4. N. Singleton et al. *Psychiatric Morbidity among Prisoners* ONS, 1998.

5. HM Prison Annual Report 2001.

6. Revolving Doors Agency, *Statistical Bulletin*, 2002.

prisoners themselves. Agencies who refer people to us do so for a variety of reasons. Many clients are referred due to their alcohol and/or drug use, combined with concerns about their mental health. This does not have to be as explicit as a diagnosis from a psychiatrist, but may involve a prison officer noticing that prisoner where 'something is not quite right'. Many clients are referred because they are distressed or confused, or are judged to be having particular difficulty coping with their situation. Others may cause concern because of self-harming behaviour, signs of paranoia, withdrawal or because they are considered a suicide risk.

The schemes have offices in all four prisons and all prisoners referred to the schemes are either on remand or on a sentence of less than twelve months. Between October 2000 and May 2002, the four teams received 1,442 referrals.

What the Agency does

There are a wide variety of services available to prisoners with mental health problems, particularly in the community. However, the majority of our clients have had little or no contact with them. Their illness, substance dependencies, multiple needs and chaotic lifestyles mean that procedures such as filling in benefit applications, applying for a detoxification programme or registering with a GP act as barriers to them engaging with the services that they require. Link Workers offer practical support to identify the needs of the client and help them gain access to services. As the teams are multi-disciplinary and have worked with a wide range of agencies, they are able to offer a range of support. This includes:

- Housing and Utilities
- Benefit applications
- GP registration and use of community mental health services
- Advocacy
- Legal and Court Report
- Solicitor Liaison
- Appropriate Adults
- Treatment for substance misuse

The composition of our Link Worker teams recognises this diversity of need, comprising social workers, probation officers, nurses, counsellors, dual diagnosis workers and housing officers, among others.

This diverse group of staff work together in a model known as the 'team approach'. This means that clients do not have individual key workers, but instead benefit from support from all members of the link worker team, giving them access to the wide range of skills present. They work in partnership with the police, health, housing, probation and social services to improve the access of this very vulnerable group to

support in the community. This may range from helping someone to fill in a form for Housing Benefit to accompanying them to an appointment to register with a GP.

A prisoner does not have to have seen a psychologist or psychiatrist to use our services. In fact, many people's mental health problems do not boil down to a single diagnosis, so they may not fit comfortably into established services. Our link workers conduct an assessment of every client referred, and routinely find mental health problems that were previously masked by a client's chaotic, seemingly uncooperative behaviour. It is worth noting here that many of these clients end up with a diagnosis of personality disorder — argued by some not to be a diagnosis at all. Whatever the arguments in this area, this shows that understanding these individuals' mental health problems is far from straightforward. In fact, mental health professionals often do not agree amongst themselves about the diagnoses offered. This obviously does not help staff on a wing, but Revolving Doors Agency can work specifically with this type of prisoner even when a clear diagnosis is not offered.

Our research

Revolving Doors has always researched the needs of offenders before responding with the development of a service. When the schemes were extended to the prisons in 2000, this was in response to a needs' assessment carried out for offenders resident in the areas in which the schemes operate. Now that the schemes are fully functioning, the research continues. The agency records a variety of information about those who are referred to our service to produce statistics which demonstrate the needs of our clients and how we are helping to improve their lives. The agency has recently completed a study into the housing needs of offenders with mental health problems who are serving short sentences or are on remand.

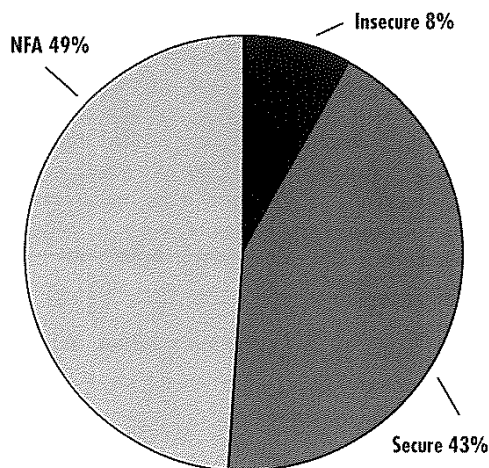
'Where do they go? Mental health, housing and leaving prison'⁷ examined the housing problems of 101 people with mental illness and multiple needs who had a history of offending. We tracked their housing situation before during and after sentence to construct a picture of the difficulties that they faced.

Even before entering prison, we found high levels of poor accommodation among the sample, with **29 per cent** in insecure tenancies and **15 per cent** with no fixed abode. In addition, a link was found between housing tenure and offending. Sixty per cent of the sample suffered a decline in housing quality or loss of tenancy in the three months prior to offending.

During a prison sentence the situation deteriorates further. We found that a person with mental health problems entering prison with a secure tenancy had a 40 per cent chance of losing that tenancy by the time

7. Revolving Doors Agency (2002).

Housing situation on release from prison n = 101



of their release. **37 per cent** of the sample experienced a decline in housing quality during their sentence, with **49 per cent** having no fixed abode on the day of release.

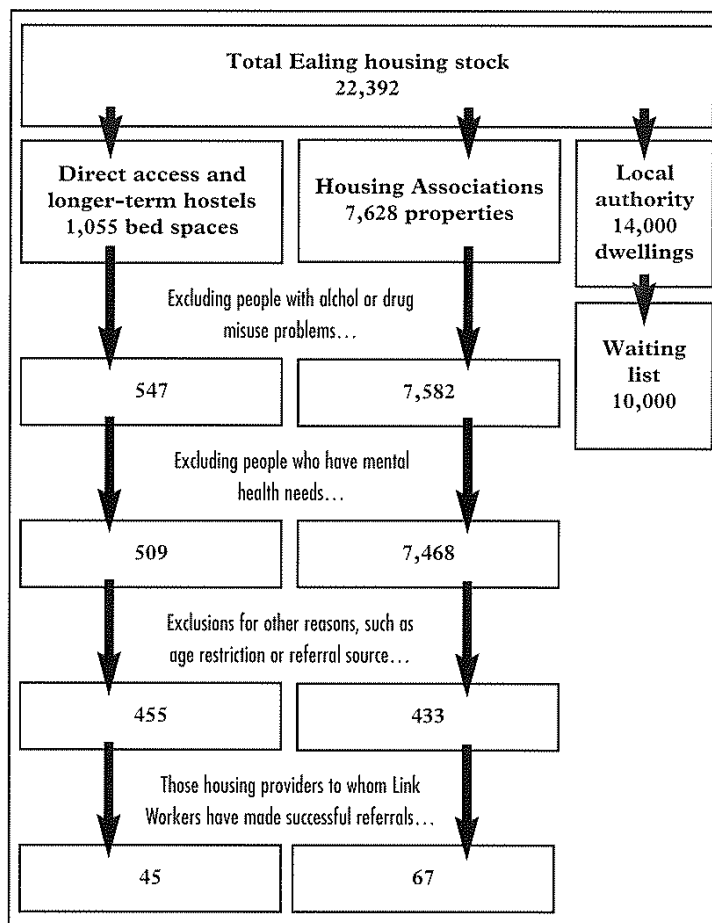
Those with drug problems generally experienced worse housing outcomes than those who did not use drugs. Sixty-three per cent of the sample who misused drugs left prison with no fixed abode or insecure accommodation. The study also examined the primary reasons for the high rates of poor housing among this group.

Housing Stock and the Housing Act

The quantity of housing stock suitable for this group is insufficient. There are seemingly large amounts of housing stock available but in practice application criteria exclude them from the majority of it. Registered Social Landlords and hostels have been shown to explicitly exclude people with multiple needs. Meanwhile, local authorities interpret the Housing Act in different ways to decide which cases are vulnerable enough to be in priority need for accommodation. Some demand a current mental health diagnosis to become a priority. Forty-four per cent of the sample had never had a mental health diagnosis, let alone a current one.

In Ealing, for example, priority status is only granted on grounds of mental illness to people with a diagnosis of psychotic disorders. Consequently, they join the 10,000 people waiting for one of just 14,000 local authority properties to become available. In addition, someone with mental health and multiple needs who had a history of offending would be excluded from 96 per cent of direct access and longer-term hostel places and over 99 per cent of housing association properties in the borough.

The flow chart illustrates how a client with mental



health problems who uses drugs and has a criminal record is systematically excluded from accommodation in the borough.

From a potential 22,392 lettings, only 112 would consider accepting people with the multiple needs described above. On the day that these housing providers were contacted there were no spaces available from amongst these 112. So, in a borough with a population of over 300,000, there were effectively no places available at all.

The 13-week rule

Prisoners sentenced to more than 26 weeks lose their Housing Benefit on the day of sentencing. The immediate consequence is that they often lose their tenancies unless they are able to pay the rent required to maintain it. As benefits are means-tested, it is unlikely that they will do so. Already high levels of homelessness are compounded and 57 per cent of the sample left prison without a secure tenancy. Of those entering with a secure tenancy, 40 per cent had lost it by release.

There is also confusion surrounding those sentenced to between 14 and 26 weeks. In practice, usually only half the sentence is actually served, making most less than 13 weeks long. Benefits should not be

stopped as a result. However, inconsistent interpretation of the 13-week rule means that some prisoners will lose their benefit — and their tenancies — even though they are entitled to continue receiving it.

Those losing tenancies while on sentence face the additional problem of not being considered homeless until the day of release. Even though prisoners have a definite date on which they will become homeless, there is no method of averting this problem until release. Half of the sample were homeless on release.

Rent Arrears

The 13-week rule causes high levels of rent arrears with over a third (34 per cent) of the sample leaving prison with arrears. Those losing their Housing Benefit on the day of sentencing may not relinquish their tenancy for some weeks — if at all. When the tenancy continues and Housing Benefit has been stopped, rent arrears accrue.

Prisoners who immediately relinquish their tenancies on sentence are not immune from amassing rent arrears either. RSLs and local authority housing require a notice period of four-six weeks during which rent is payable. As Housing Benefit stops once a sentence is passed down for those serving 26 weeks or more, the notice period must be paid by the inmate. If he fails to do this, he will accrue up to six weeks' rent arrears.

The high incidence of rent arrears accrued while in prison leads to significant problems finding housing on release. RSLs and, increasingly, local authorities are rejecting applicants who have rent arrears. In some cases RSLs will refuse to accept applications from those who may not have rent arrears but have failed to pay service charges in the past. This is a significant problem, with 30 per cent of the sample having rent arrears of more than £250 on the day of release.

Housing Applications

Making a Housing Benefit application from prison is nearly impossible. Without a tenancy, one cannot apply for Housing Benefit until release nor apply to go on the housing waiting list. If the prisoner wishes to relinquish his tenancy in the hope of securing one on release, this requires lengthy negotiation with the Homeless Person's Unit, which in turn demands a broad understanding of the housing system combined with negotiation skills.

Following release, this group face a baffling number of housing providers with varying criteria. Having made an application to a provider, there is a 45 per cent chance of having to apply to another housing provider and there are lengthy waiting lists for local authority housing. Finally, there can be a long wait for Housing Benefit to be resumed. For 42 per cent of cases this was longer than a month. For 23 per cent it

was longer than two months. As those sampled did make successful applications — and therefore qualified through having low incomes — it is plausible that during the wait their budget to pay for housing was zero.

The report examined the impact of the link worker schemes which worked with this group after release. They helped **44 per cent** of the sample make housing applications and of the one third receiving Housing Benefit, two thirds of those made successful applications with Link Worker assistance. Over half (**58 per cent**) then received Housing Benefit within four weeks of applying. Of the total time spent resolving housing problems, 46 per cent was spent contacting housing agencies. Sixty percent of meetings with clients who had housing problems resulted in a Link Worker contacting at least one housing agency straight away.

Of those who received assistance from Link Workers, no-one experienced a deterioration in housing situation while working with the schemes post-release, and **24 per cent** experienced an improvement. These results have been achieved working with a group of people who have high levels of drug dependency and mental health problems and who seldom engage with conventional services.

Conclusion

There is a well documented, reliable body of evidence which demonstrates high levels of mental health problems among the prison population. While progress is being made for those with severe and enduring needs, Revolving Doors is working to support those who slip through the net of services. Our link worker teams work in four prisons to link people into the support that they need. Through our research, the agency has also identified multiple problems for this group concerning housing and homelessness, with 49 per cent of our sample of short term prisoners leaving prison with no fixed abode. With studies showing that ex-prisoners who are homeless are twice as likely to re-offend, it will not be long before you see them again on a wing near you.

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